



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

New Change Cancel	Vendor Code		SC	Dept.	A	Contract Number	
County Department				Dept.	Orgn.	Contractor's License No.	
County Department Contract Representative Doug Moore				Telephone (909) 387-7589		Total Contract Amount \$154,608	
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:							
If not encumbered or revenue contract type, provide reason:							
Commodity Code			Contract Start Date July 1, 2003	Contract End Date June 30, 2004	Original Amount \$154,608	Amendment Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Project Name			Estimated Payment Total by Fiscal Year				
			FY	Amount	I/D	FY	Amount I/D

CONTRACTOR State of California Department of Mental Health Planning, Grants, & Revenue Enhancement

Federal ID No. or Social Security No. _____

Contractor's Representative Pete Best

Address 1600 Ninth Street, Rm. 130, Sacramento, CA 95814 Phone (916) 657-3487

Nature of Contract: *(Briefly describe the general terms of the contract)*

This FY 2003/2004 Mental Health Homeless Block Grant application in the amount of \$154,608.00 is for Projects for Assistance in Transition from Homelessness (PATH) funding. These funds will provide for the following services to San Bernardino County's mentally ill homeless: referrals for primary health services, job training, education services, relevant housing services, and case management services. This grant will be matched with \$51,531.00 of realignment funds within the Homeless Program's approved FY 2003/2004 budget. The Department of Behavioral Health's (DBH) Homeless Program has received PATH grant funding for the last thirteen years through this application process.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) County Counsel	Reviewed as to Contract Compliance 	Presented to BOS for Signature Department Head
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

☐ **Contract Database** ☐ **FAS**

Keyed By